



RIPTIDE 2016

Boys Summer Lacrosse League

Harford County League, Open to all programs

Runs: June – July

Location: Harford Tech High School

Fees: \$95 per player, includes game jersey

Ages: U11, U13, U15, and High School (No High School Graduates)

Individual and team registrations welcomed, please contact league for team entries. Individual registrations will be added to any team with less than 20 players. Registrations will be filled as received and closed when teams are filled. Only players on team rosters will be able to participate.

This is a limited contact league with no excessive hitting, player and or spectator misconduct will result in expulsion. All players must supply and wear their own safety equipment during league activities.

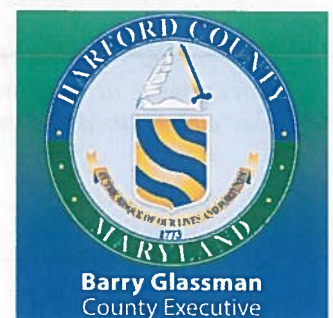
For more information, e-mail the program chair at churchvillelax@verizon.net, contact the program through Facebook at Riptide Summer Lacrosse League, or contact the Churchville Recreation Office at 410-638-3853.

Churchville Recreation Council

Churchville Recreation Office
111 Glenville Road
Churchville, MD 21028
410-638-3853

Visit our website at
www.churchvillerecouncil.org

**See registration
form on back**



Boys Summer League Registration Form - 2016

PLAYERS NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

AGE: _____ BIRTHDATE: _____

PHONE: _____ CELL: _____

E-MAIL: _____

PARENTS NAMES: _____

EMERGENCY CONTACT NUMBER: _____

DIVISION: (circle one) U11 (9-10)
 U13 (11-12)
 U15 (13-14)
 High School

TEAM OR COACH REQUEST: _____

EXPERIENCE: (circle one) Rec in-house / Rec travel / Club / High School

POSITION: (circle one) Attack / Midfield / Defense / Goalie

CHECKS MADE TO: Churchville Recreation Council

RETURN REGISTRATION AND CHECK TO:

Churchville Recreation Center (Attn: lax summer league)
111 Glenville Road
Churchville, MD 21028

DISCLOSURE STATEMENT

I agree that I will not hold the instructor, the Churchville Rec. Council, or Harford County, Maryland, a body corporate and politic of the State of Maryland, its employees, volunteers or officials, responsible for any injuries received during the program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/concussioninyouthsports. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

I agree that I will not hold the team, program, coach or the Churchville Recreation Council, Harford County Government or Harford County Public Schools responsible for injuries received while participating in the above mentioned program.

SIGNATURE _____ DATE _____